

EL 465782316

08/29/01
Jc944 U.S. PTO

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. MI22-1668
First Inventor or Application Identifier Kristy A. Campbell
Title Method of Forming Non-Volatile Resistance Variable ...
Express Mail Label No. EL 465782316

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 29]
(preferred arrangement set forth below)
 - Descriptive title of the Invention Plus title page
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 3]
4. Oath or Declaration [Total Pages 2]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ * Small Entity Statement(s) ☐ Statement filed in prior application Status still proper and desired (PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. ☒ Other: Check; Power of Attorney by Assignee and Certificate by Assignee

* NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label: 021567 or ☐ Correspondence address below
(Insert Customer No. or Attach bar code label here)

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	Wells, St. John, Roberts, Gregory & Matkin P.S.				
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Country		Telephone	509-624-4276	Fax	509-838-3424

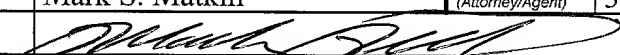
Name (Print/Type)	Mark S. Matkin	Registration No. (Attorney/Agent)	32,268
Signature	<i>Mark S. Matkin</i>	Date	8/29/01

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.</p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>Unknown</td> </tr> <tr> <td>Filing Date</td> <td>Filed Herewith</td> </tr> <tr> <td>First Named Inventor</td> <td>Kristy A. Campbell</td> </tr> <tr> <td>Examiner Name</td> <td>Unknown</td> </tr> <tr> <td>Group / Art Unit</td> <td>Unknown</td> </tr> <tr> <td>Attorney Docket No.</td> <td>MI22-1668</td> </tr> </table>		Application Number	Unknown	Filing Date	Filed Herewith	First Named Inventor	Kristy A. Campbell	Examiner Name	Unknown	Group / Art Unit	Unknown	Attorney Docket No.	MI22-1668
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TOTAL AMOUNT OF PAYMENT	(\$1,306.00)														

<p>METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to.</p> <p>Deposit Account Number: <u>23-0928</u></p> <p>Deposit Account Name: <u>Wells, St. John, Roberts et al.</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Mark S. Matkin	Registration No (Attorney/Agent)	32,268
Signature		Telephone	509-624-4276
		Date	8-29-01

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